

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G279		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2013	
NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 227 E HIGH ST PORTLAND, IN 47371			
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 6, 7, 8 and 17, 2013.</p> <p>Facility Number: 000799 Provider Number: 15G279 AIMS Number: 100249030</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/30/13 by Dotty Walton, QIDP and Ruth Shackelford, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (client #4) and #3 additional clients (clients #5, #6 and #7), the facility neglected to implement its policy and procedures to ensure all allegations of neglect/abuse/mistreatment were thoroughly investigated with a reproducible system of investigation for clients #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/6/13 at 1 PM.</p> <p>__A 5/29/12 BDDS report indicated on 5/27/12 at 6:25 PM "[Client #7] was coming out of the bathroom, as [client #4] was waiting to go in to use the restroom. [Client #7] hit [client #4] on her upper left arm with the outside of her forearm. [Client #4] then pushed [client #7] down to the ground. [Client #7] fell to the floor hitting the back of her right arm onto the floor." The facility records did not indicate an investigation was conducted.</p> <p>__A 6/12/12 BDDS report indicated on 6/11/12 at 8:15 AM "When [client #6] came out of her room, it appeared she was</p>		W000149	<p>Now and in the future, all allegations of client to client aggression and incidents with the potential of causing client harm will be investigated per the JRDS Individual Protection Policy. JRDS new staff and existing staff will be trained regarding the JRDS Individual Protection Policy, the JRDS Procedures for State Reporting and the use of the new reporting and investigation form upon hire and retrained, at least, annually. Residential Department Head, Home Manager, QMRP and DSPs responsible.</p>		06/11/2013	

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	<p>getting her lunch pail, but turned and grabbed [client #7] and scratched her neck." The report indicated the staff "found a 1/2 inch scratch on [client #7's] neck." The facility records did not indicate an investigation was conducted.</p> <p>__A 10/19/12 BDDS report indicated on 10/18/12 at 4:35 PM "[Client #5] began to obsess about a party that was occurring at day programming the next day.... [Client #5] walked around the corner and smacked [client #7] on top of the head open handed with moderate force, unprovoked." The facility records did not indicate an investigation was conducted.</p> <p>__A 11/15/12 BDDS report indicated on 11/14/12 at 6:40 PM client #6 "lightly slapped [client #5] on the arm.... [Client #5] whimpered but stopped when staff reassured her that she was not hurt." The facility records did not indicate an investigation was conducted.</p> <p>__A 4/19/13 BDDS (Bureau of Developmental Disabilities Services) report indicated on 4/18/13 at 2:35 PM client #4 pushed client #7. The investigative report of 4/19/13 indicated "[Client #4] did not fall - she lowered herself to the ground and yelled, 'She pushed me!' No marks or redness resulted. Staff followed [client #4's] behavior plan</p>						

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	<p>and separated the clients. Home manager felt [client #4] behaved impulsively due to her [client #4's] being attention seeking and feeling jealous (not wanting [client #7] to take staff attention from her)...."</p> <p>The investigative report did not indicate client interviews, interviews of all staff present at the time of the incident and/or record reviews conducted. The investigative record did not indicate a thorough investigation was conducted in regard to the client to client abuse on 4/18/13 for clients #4 and #7.</p> <p>Interview with the Agency Department Head on 5/6/13 at 2 PM indicated all investigative records were provided for review.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM stated, "We are in the process of changing the way things are done, but I know it's too late to go back after the fact." The QIDP indicated all incidents of client to client abuse were to be thoroughly investigated.</p> <p>Review of the revised facility policy "Individual Protection Policy" of 5/12 on 5/6/13 at 2 PM indicated "JRDS [Jay-Randolph Developmental Services] personnel are required to preserve an individual's rights, dignity, health, and</p>						

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	<p>safety. As such JRDS prohibits the abuse, neglect, exploitation, mistreatment of an individual served or the violation of the individual's rights." The policy defines abuse to be the "use of unreasonable physical force such as spanking, pinching, shoving, shaking and other punitive acts.... actions, verbal statements or commands, or other procedure that result in a detrimental outcome for the individual involved (i.e. tone of voice, derogatory statement, facial expressions, isolation, demeaning gestures, name calling, and other damaging acts.)." The policy indicated "Individuals served must not be subjected to abuse by anyone, including, but not limited to, JRDS staff, other consumers, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals." The facility policy indicated the staff were to report abuse/neglect/mistreatment immediately to the Executive Director or a designee and then the Program Head or designee would initiate an investigation.</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 7 of 7 incidents of client to client abuse, the facility failed to provide evidence of an investigation and/or evidence a thorough investigation was conducted for clients #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/6/13 at 1 PM.</p> <p>__A 5/29/12 BDDS report indicated on 5/27/12 at 6:25 PM "[Client #7] was coming out of the bathroom, as [client #4] was waiting to go in to use the restroom. [Client #7] hit [client #4] on her upper left arm with the outside of her forearm. [Client #4] then pushed [client #7] down to the ground. [Client #7] fell to the floor hitting the back of her right arm onto the floor." The facility records did not indicate an investigation was conducted.</p> <p>__A 6/12/12 BDDS report indicated on 6/11/12 at 8:15 AM "When [client #6] came out of her room, it appeared she was getting her lunch pail, but turned and grabbed [client #7] and scratched her neck." The report indicated the staff</p>			W000154	<p>Now, and in the future, the attached form will be used</p> <p>to document the specifics of the investigation of incidents/allegations of incidents</p> <p>of client to client abuse and incidents with potential to cause</p> <p>client harm; as well as injuries of unknown source and neglect. All staff have been trained on how to use the form to collect information for the investigation.</p> <p>Residential Department Head, Home Manager, QMRP and DSPs responsible.</p>		06/11/2013

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	<p>"found a 1/2 inch scratch on [client #7's] neck." The facility records did not indicate an investigation was conducted.</p> <p>__A 10/19/12 BDDS report indicated on 10/18/12 at 4:35 PM "[Client #5] began to obsess about a party that was occurring at day programming the next day.... [Client #5] walked around the corner and smacked [client #7] on top of the head open handed with moderate force, unprovoked." The facility records did not indicate an investigation was conducted.</p> <p>__A 11/15/12 BDDS report indicated on 11/14/12 at 6:40 PM client #6 "lightly slapped [client #5] on the arm.... [Client #5] whimpered but stopped when staff reassured her that she was not hurt." The facility records did not indicate an investigation was conducted.</p> <p>__A 4/19/13 BDDS (Bureau of Developmental Disabilities Services) report indicated on 4/18/13 at 2:35 PM client #4 pushed client #7. The investigative report of 4/19/13 indicated "[Client #4] did not fall - she lowered herself to the ground and yelled, 'She pushed me!' No marks or redness resulted. Staff followed [client #4's] behavior plan and separated the clients. Home manager felt [client #4] behaved impulsively due to her [client #4's] being attention seeking</p>						

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	<p>and feeling jealous (not wanting [client #7] to take staff attention from her)...."</p> <p>The investigative report did not indicate client interviews, interviews of all staff present at the time of the incident and/or record reviews conducted. The investigative record did not indicate a thorough investigation was conducted in regard to the client to client abuse of 4/18/13 for clients #4 and #7.</p> <p>Interview with the Agency Department Head on 5/6/13 at 2 PM indicated all investigative records were provided for review.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM stated, "We are in the process of changing the way things are done, but I know it's too late to go back after the fact." The QIDP indicated all incidents of client to client abuse were to be thoroughly investigated.</p> <p>9-3-2(a)</p>						

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 1 of 4 sample clients (#3), the facility failed to assess the client in regard to her communication skills and/or needs.</p> <p>Findings include:</p> <p>During observations at the group home on 5/6/13 between 3:30 PM and 6 PM and on 5/7/13 between 6:30 AM and 8 AM, client #3 was difficult to understand. The staff were asked to assist in communicating with client #3. Staff #2 stated "She [client #3] is difficult to understand at times."</p> <p>Client #3's record was reviewed on 5/7/13 at 1 PM. Client #3's CFA (Comprehensive Functional Assessment) of 3/12 indicated client #3 needed staff assistance to convey wants and/or needs. Client #3's ISP (Individual Support Plan) of 9/25/12 contained no information regarding functional speech/language skills.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM stated client #3 had not</p>			W000220	<p>Now and in the future, all clients will be assessed in regard to their communication skills and or needs, at least annually; or as needed. The attached assessment will assist in determining the clients' need. If the assessment determines the need for direct professional therapy, such therapy will be pursued. This annual date of the professional therapy will be documented/recorded on the Monthly Nursing Notes. Home Manager and Healthcare Coordinator responsible.</p>		06/11/2013

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	<p>had a speech/language evaluation to evaluate her communication needs "To my knowledge."</p> <p>9-3-4(a)</p>						

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 3 of 4 sampled clients (#2, #3 and #4), the clients' ISPs (Individual Support Plans) failed to address:</p> <p>___Client #2's identified training needs in regard to bathing, personal hygiene, hair care, tooth brushing, privacy and toileting.</p> <p>___Client #3's identified training needs in regard to bathing, personal hygiene, hair care, tooth brushing and toileting.</p> <p>___Client #4's identified training needs in regard to bathing, personal hygiene, dressing, tooth brushing, privacy and toileting.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/7/13 at 11 AM. Client #2's CFA (Comprehensive Functional Assessment) of 8/26/12 indicated client #2 required assistance with bathing, personal hygiene, hair care, tooth brushing, privacy and toileting. The CFA indicated client #2</p>		W000242	<p>Now, and in the future, all clients will be assessed and trained in personal skills essential for privacy and independence. Goals will be established and implemented re the personal skills that a client may be lacking. These goals will be pursued until it has been demonstrated that the client is developmentally incapable of acquiring them. At least annually the attached assessment will be reviewed by the QMRP and Home Manager to ensure all personal skill areas in need of training are being addressed with formal goals written and implemented. Home Manager and DSPs responsible for implementation. QMRP will monitor on a monthly basis.</p>		06/07/2013	

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	<p>required reminders to use toilet paper correctly and did not always close the bathroom door. Client #2's ISP dated 9/26/12 did not indicate any objectives to assist client #2 in regard to bathing, personal hygiene, hair care, tooth brushing, privacy and toileting.</p> <p>Client #3's record was reviewed on 5/7/13 at 1 PM. Client #3's CFA of 8/30/12 indicated client #3 required assistance with bathing, personal hygiene, hair care, tooth brushing and toileting. The CFA indicated client #3 required reminders to use toilet paper and assistance to clean herself after having a bowel movement. Client #3's ISP dated 9/25/12 did not indicate any objectives to assist client #3 in regard to bathing, personal hygiene, hair care, tooth brushing and toileting.</p> <p>Client #4's record was reviewed on 5/7/13 at 2 PM. Client #4's CFA of 8/27/12 indicated client #4 required assistance with bathing, personal hygiene, dressing, tooth brushing, privacy and toileting. The CFA indicated client #4 required reminders to use toilet paper and to close the door for privacy. Client #4's ISP dated 9/25/12 did not indicate any objectives to assist client #4 in regard to bathing, personal hygiene, tooth brushing, privacy and toileting.</p>						

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	<p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and the HM (House Manager) on 5/8/13 at 2 PM, the HM indicated clients #2, #3 and #4 were not independent and required staff reminders with their bathing, personal hygiene, privacy and tooth brushing. The QIDP indicated clients #2, #3 and #4 did not have training objectives in place to assist the clients with bathing, personal hygiene, tooth brushing and toileting. The QIDP indicated clients #2 and #3 did not have training objectives in place to assist the clients with hair care, clients #2 and #4 did not have training objectives in place to assist the clients with privacy and client #4 did not have any training objectives to assist the client with dressing skills.</p> <p>9-3-4(a)</p>						

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 3 sampled clients receiving medications to control behaviors (#3 and #4), the facility failed to implement a plan of reduction the clients could achieve to reduce and eventually eliminate the behaviors for which the clients received psychoactive medications.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/7/13 at 1 PM. Client #3's physician's orders of 2/18/13 indicated client #3 took Cogentin 5 mg (milligrams) for involuntary movements, Lithium 900 mg for Schizo-Affective Bi-polar disorder and Zyprexa 10 for aggression. Client #3's BSP (Behavior Support Plan) of 9/25/12 indicated client #3 had targeted behaviors of verbal aggression, wandering off and hallucinations. Client #3's BSP indicated "If there are zero incidents of verbal aggression, hallucinations, or delusions for a 6 month period, the physician involved will be consulted about whether a medication decrease is recommended."</p>		W000312	<p>Now, and in the future, all residents' behavior plans will include reduction of targeted inappropriate behaviors in correlation to the planned reduction of the behaviorally-specific, psychoactive prescribed medication. Documentation of realistic and achievable goals to warrant reduction of the medication (considering frequency and intensity) for reducing behaviors will be tracked based upon past-documented behaviors that determined the need for medications in the first place. Behavioral tracking will be documented by direct care staff, the Home Manager, and Day Programs; and tracking will be monitored monthly by the QMRP, Healthcare Coordinator, and RN. The HRC and Mental Health Provider will monitor at least quarterly or as changes dictates.</p>		06/10/2013	

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	<p>Client #4's record was reviewed on 5/7/13 at 2 PM. Client #4's physician's orders of 2/18/13 indicated client #4 took Paxil 20 mg for Impulse Control Disorder. Client #4's BSP of 9/25/12 indicated targeted behaviors of verbally teasing, accusing others falsely and physical aggression. Client #4's BSP indicated "If there are zero incidents of physical aggression and verbal teasing for a twelve month period, the physician involved will be consulted about a medication reduction."</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM indicated she had been the one that had written the clients' behavior reduction plans and stated client #3's and #4's criteria for reduction "might be a bit much to expect" and needed to be reviewed and revised.</p> <p>9-3-5(a)</p>						

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W000313	<p>483.450(e)(3) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.</p> <p>Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4) with medications prescribed to control maladaptive behaviors, the IDT (Interdisciplinary Team) failed to conduct a review of the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/7/13 at 10 AM. Client #1's physician's orders of 2/18/13 indicated client #1 took Prozac 40 mg (milligrams) and Wellbutrin 150 mg a day for anxiety and depression. Client #1's BSP (Behavior Support Plan) of 9/26/12 indicated "a historical diagnosis of clinical depression, which can exhibit itself through symptoms of irritability, fatigue, feeling down, sleep problems, and anxiety." The client's record did not indicate the IDT had reviewed the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Client #3's record was reviewed on 5/7/13</p>			W000313	<p>Now, and in the future, all residents' behavior plans will include the risks of harmful effects from taking the medications used to control behaviors. At least annually the IDT will review the risk of taking the medications versus the risk of the past or potential behaviors that have/may occur without the medication. QMRP is responsible; Healthcare Coordinator, RN will monitor monthly, HRC and the Mental Health Provider will monitor progress quarterly or as changes dictate.</p>		06/10/2013

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	<p>at 1 PM. Client #1's physician's orders of 2/18/13 indicated client #1 took Cogentin 5 mg for involuntary movements, Lithium 900 mg for Schizo-Affective Bi-polar disorder and Zyprexa 10 for aggression. Client #3's BSP of 9/25/12 indicated targeted behaviors of verbal aggression, wandering off and hallucinations. The client's record did not indicate the IDT had reviewed the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Client #4's record was reviewed on 5/7/13 at 2 PM. Client #4's physician's orders of 2/18/13 indicated client #4 took Paxil 20 mg for Impulse Control Disorder. Client #4's BSP of 9/25/12 indicated targeted behaviors of verbally teasing, accusing others falsely and physical aggression. The client's record did not indicate the IDT had reviewed the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM indicated she did not have documentation the IDT had reviewed client #1's, #3's and #4's use of behavior modification medications outweighed the potential harmful effects of the medication.</p>						

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview for 1 of 3 sample clients receiving medications to control maladaptive behaviors (#3), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/7/13 at 1 PM. Client #3's physician's orders of 2/18/13 indicated client #3 took Cogentin 5 mg for involuntary movements, Lithium 900 mg for Schizo-Affective Bi-polar disorder and Zyprexa 10 for aggression. Client #3's BSP of 9/25/12 indicated client #3 had targeted behaviors of verbal aggression and hallucinations. Review of client #3's behavior data sheets for January, February and March 2013 indicated 4 behaviors of verbal aggression and no hallucinations. Client #3's Medical Appointment forms of 4/17/13, 1/17/13, 10/12/12 and 6/15/12 indicated client #3 was stable with no recommendations for medication changes. Client #3's record indicated no changes in client #3's medications since 2005. Client #3's record</p>			W000316	<p>Now, and in the future, all residents receiving behavior controlling medications will be evaluated for a medication reduction unless contraindicated; specific contraindications will be listed from collected data from all programming areas as to why an attempt was not made. QMRP and Home Manager responsible/under the guidance and recommendations of the IDT and the Mental Health Provider. Healthcare Coordinator, RN will monitor monthly and HRC and the Mental Health Provider will monitor quarterly.</p>		06/13/2013

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	<p>indicated no annual attempt of medication reduction and/or specific contraindications as to why an attempt was not made.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/8/13 at 2 PM stated client #3 "rarely has behaviors." The QIDP indicated the last attempt of medication reduction for client #3 was in 2005, "and it did not go well." The QIDP stated the doctor did not attempt a gradual reduction of client #3's medication but had discontinued the client's medication completely, "causing the client to have a major increase in behaviors."</p> <p>9-3-5(a)</p>						